of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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0	-3	O	U	6	

1	1. PLACE OF DEATH					97)	
County Dorchester						Registration Dist. No. 1/4	
	Village or Ci	ity 1	Camb	ridge		No Eastern Shore State Hospitalst	Ward
				leadh assuured	4 - 0	f death occurred in a hospital or institution, give its NAME instead of street and i	number)
						syrsm)sds.
-	2. FULL NAI			rine Bad			
	(a) Resident	ce: No	Pri	ncipio, l (Usual place	of abode)	St., Ward. If nonresident give city or town and	State
		AL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX Female		r or race i te	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 28,	, 1935
5a.	If married, widow	ed, or divo	rced	W1(lowed	(Month) (Day)	(Year)
	HUSBANO of (or) WIFE of	J	ohn Bader			22. I HEREBY CERTIFY, That I attended	a.e.
							, 1935
-	DATE OF BIRTH (y, and year) Aug	-	1846	I last saw ter alive on April 28, 1935 to have occurred on the date stated above, at 9:10 Am.	; death is said
1.		12		Days	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	aion or n	l 8	2	ormin.	were as follows:	Oate of oneet
NO	kind of w	ork dona,		None		Cerebral arterio sclerosis	5 yrs
OCCUPATION	9. Industry or 1	ousiness in	which	None		Goldoldi al tel lo selelosis	
CUI			SILK MILL,			-	ago
				spa	nt in this NTO		
yaar) occupation				ipation	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) Unknown (Stata or country) Maryland					ad		
2	13. NAME		es Matson				
FATHER				Unknown			
FA	14. BIRTHPLACE (State or			yland		Name of operation	
						What test confirmed diagnosis? Was thera an a	
I II I I I I I I I I I I I I I I I I I						23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town) Unknown S (Stata or country) Maryland						Where did Injury occur?	
17. INFORMANT E.S.S. Hospital				- 1	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e) ACF	
(Address) Cambridge, Md.			Md.				
18. BURIAL, CREMATION, OR REMOVAL			md. Co		Manner of injury		
Place West follow grangate Muy 1, 1935			Date LAL	19.5	Nature of injury		
19. UNOERTAKER J. E. J. Ysanz			3	/	24. Was disaasa or Injury in any way related to occupation of deceased?	0	
	(Address) pisking Spin Main				nd in	If so, specify	
20.	FILED 4/28		1307	HUA	augule	(Signed) Longas, J. 10 and	7 M. D.
	/		- 0	V	Registrar.	(Address) le Corte Orte Oly	en my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I,		Example II	22 1101
The principal cause of death and related causes of importance were as follows	- Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ogo
8/			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenleritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods APOBATE LIMITS OF Registration Dist. No. / Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) S Length of residence In city or town where death occurred. How long in U.S. il of foralgn birth?_____yrs.____mos.____ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) autrece 5e. If marriad, widowed, or divorced HUSBAND of ERTIFY That I attended decaesed from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Months II LESS than 1 day, hrs DEATH and related causes of importance or____min. Date of enset 8. Trade, profession, or particular 1933 kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. plnous may Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and 11. Total tima (years) spent in this 4 instructions Other Contributory Causes of Importence: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation. (Stata or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the Iollowing: DEATH 16. BIRTHPLACE (city or town) Accidant, suicide, or homicide?______ Date of Injury______ 19_____ (State or country) Where did injury occur?____ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury TION Nature of Injury____ 19. UNDERTAKER 24. Was disease or injury In any way related to occupation of deceased? (Address) If so, spacily Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

MARGIN RESERVED

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ADDITIONAL SPAC	E FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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Sa. If married, widowed, or divorced HUSBARO of Or Amelia Parsons 5a. If married, widowed, or divorced HUSBARO of Amelia Parsons 5b. DATE OF BIRTH (month, day, and year) January 28, 1889 7b. AGE Years Months Days If LESS than 1 day hrs. or min. 46 2 15 1 day hrs. or min. 7b. AGE Years Months Days If LESS than 1 day hrs. or min. 5c. DATE OF BIRTH (month, day, and year) January 28, 1889 7c. AGE Years Months Days If LESS than 1 day hrs. or min. 46 2 15 1 day hrs. or min. 5c. DATE OF BIRTH (month, day, and year) January 28, 1889 7c. AGE Years Months Days If LESS than 1 day hrs. or min. 5c. DATE OF BIRTH (month, day, and year) January 28, 1889 7c. AGE Years Months Days If LESS than 1 day hrs. or min. 46 2 15 1 day hrs. or min. 5c. DATE OF BIRTH (month, day, and year) January 28, 1889 7c. AGE Years Months Parsons 1dept 1 day hrs. or min. 46 2 15 1 day hrs. or min. 5c. DATE OF BIRTH (month, day, and year) January 28, 1889 1 days on min. 5c. DATE OF BIRTH (month, day, and year) January 28, 1889 1 days on min. 1 days hrs. or min. 1 days hrs. or min. 5c. DATE OF BIRTH (month, day, and year) January 28, 1889 1 days on min. 1 days hrs. or	1. PLACE OF	ATE OF DEATH	115
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married So. If married, widowed, or divorced Husbano of (or) wife of Amelia Parsons 5. LATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) Jamuary 12, 19 34, to April 12, 19 37 amuary 12, 19 34, to April 12, 19 35 and 19 a	Village or Cit	Shore State Hospitalst.,	number)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE MARRIED, WIDOWED, Own the the word) Married White S. SINGLE MARRIED, WIDOWED, Own the the word) Married Married, widowed, or divorcad HUSBANO of Or) Wife of Amelia Parsons 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days HLESS than 1 dey, hrs. or min. 1 dey hrs. SAWYER, BOOKKEPFER, etc. SAWYER, BOOKKEPFER, etc. SAWYER, BOOKKEPFER, etc. 15. Interest of the insane 4 country Other Cestributery Causes of Importance: What test confirmed diagnosis? Was there an aulopax Salided or country) Delaware 23. If Agnerical CERTIFCATE OF DEATH April 12, 1935 (Nonth)			l State
Male White OR DIVORCED (write the word) Married Married (Month) (Oay) (Y Married (Month) (Oay) (Y Married (Month) (Oay) (Y List of Amelia Parsons 2. I HEREBY CERTIFY. That I attended dacease January 12, 1934 to April 12, 19 4. April 12, 19 List saw h.Im alive on April 12, 1935 19 death to have occurred on the date stated above, at \$\frac{1}{2}\$ 50. P.m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date The PRINCIPAL CAUSE OF DEATH end related causes of Importance The PRINCIPAL CAUSE OF DEATH end related causes of Importance The PRINCIPAL CAUSE OF DEATH end related causes of Importance Were as follows: Date of Country Obelaware Other Coatributery Causes of Importance: What test confirmed diagnosis? The PRINCIPAL CAUSE OF DEATH end related causes of Importance What test confirmed diagnosis? The PRINCIPAL CAUSE OF DEATH end related causes of Importance What test confirmed diagnosis? The PRINCIPAL CAUSE OF DEATH end related causes of Importance The PRINCIPAL CAUSE OF DEATH end related causes of Importance What test co	PERSONA		
Control of the profession of particular work was done, as SPINNER, Laborer in Ice Plant shind of work done, as SPINNER, Laborer in Ice Pla	Male	April 12.	, 193 <u>5</u> (Year)
Table 1	HUSBAND of (or) WIFE of	, , 19 34 , to April 12,	daceased fr
The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related cause		ive on April 12, 1935 ,19	_; death is s
kind of work done, as SPINNER, Laborer in Ice Plant SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, Did not own it SAW MILL, BANK, etc. 10. Oate decessed last worked at this occupation (month and 33 spent in this occupation this occup	46		
12. BIRTHPLACE (city or town) Unknown (Sussex County) (State or country) Delaware 13. NAME Asbury Elliott 14. BIRTHPLACE (city or town) Sussex County (Wnknown) (State or country) Delaware 15. MAIOEN NAME Laura Purdue 16. BIRTHPLACE (city or town) Sussex County (Unknown) (State or country) Delaware 16. BIRTHPLACE (city or town) Sussex County (Unknown) (State or country) Delaware What test confirmed diagnosis? Sham was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide? Date of Injury occur?	9. Industry or bu work was d SAW MILL,	resis of the insane	4 yrs
What test confirmed diagnosis? Was there an autopsylong	12. BIRTHPLACE (city	es of Importance :	-
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(Specify gity or town and a	15. MAIOEN NAME Laura Purdue 16. BIRTHPLACE (city or town). Sussex County (Unknown) (State or country) Delaware		
E.S.S.Hospital Records (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMITION, OR REMOVALO.	(Address)	(Specify city or town, county and State courred in INOUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
Place Date Park 14935 Manner of Injury Neture of injury			
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? NO If so, specify (Signed) (Signed)	(Address)	in any way related to occupation of deceased? No	0 L M

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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V. S. No. 1

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH		<u> </u>		
County Durchisler		Registration Dist. No. // Z		
Village or City Ucesman Lan	l'aide)	NoSt.,Start or institution, give its NAME instead of street and n	Ward	
Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.	
2. FULL NAME Itel ban	2 Herres)			
(a) Residence: No. Vienna	(Usual place of abode)	St., Ward. If nonresident give city or town and state of the state of	State	
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. S. O	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH April 6 (Month) (Day)	19335	
5a. tf married, widowed, or divorced HUSBAND of				
(or) WIFE of		22. 1 HEREBY CERTIFY, That I attended d		
6. DATE OF BIRTH (month, day, and year)	10 6-1930	I last saw h alive on, 19		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.		
	delet 1 day hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of onset	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		Itele born.		
9. Industry or business in which		Valle ours		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		Is physician in allenderese		
O 10. Date daceased last worked at this occupation (month and year)	I1. Total time (years) spent in this occupation	V /		
12. BIRTHPLACE (city or town) Ulssa (State or country)	agna.	Other Contributory Causes of importance:		
W 13. NAME Talbal. Mar	nio			
14. BIRTHPLACE (city or town) Ulessa	19-	Name of operation		
(State of country)	mae.	What test confirmed diagnosis? Was there an au		
15. MAIDEN NAME Louise +	errer	23. If death was due to external causas (VIOLENCE) fill in also tha following:		
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(Stata or country)	YN-			
17. INFORMANT Chine Jackson (Address) Verma On	n (mdwife)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLA	CE.	
18. BURIAL, CREMATION, OR REMOVAL	01.00	Manner of injury		
Place Ihame of tamely Da	te lipsel 7, 1933	Nature of injury		
19. UNDERTAKER talle talle (Address)	al maria	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED april 7, 1935 Eliga	0 00 0	(Signed) Clegalett IV, & Laft inca	e Reg J	
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Chronie interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	RECEIVED	3 days ago
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U. S. if of foreign birth?_____yrs. statement 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4_COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) edow 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate properl 7. AGE Years If LESS than to have occurred on the date stated above, at Months Davs 1 dey, ____ hrs. or____min. Date of onset 8. Trede, profassion, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc. Jo back may 9. Industry or business in which plnods work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date decaased last worked at 11. Total time (years) this occupation (month end spant in this that vaar) occupation ... instructions AGI Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13, NAME See 14. BIRTHPLACE (city or town). (Steta or country) What test confirmed diegnosis? carefully Was there an eutopsy?____ d MOTHER 15. MAIDEN NAME important 23. If death was due to extarnal causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Dete of injury______ 19 16. BIRTHPLACE (city or town) DEATH (Stata or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE 17. INFORMANT plnods very (Address) OF 18. BURIAL, CREMATION OR REMOVAL Manner of injury mation TION Nature of injury. 24. Wes disease or Injury in env way related to occupetion of decaesad? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED. Registrar. (Addrass) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

should state RD. Every item of inforof OCCUPA-PHYSICIANS Exact statement WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. WRITE PL

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	J59)	
County Darchesles	Registration Dist, No. // 7	
Village or City Ellevillo	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred vrs mos	death occurred in a notpital of insutution, give its IVALVIE, instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds,	
D 1 - 21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. FULL NAME 10 ahy 3 ray		
(a) Residence: No. Ellealla (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH.	
male popule OR DIVORCED (write the word)	Capacil 30 19335 (Month) (Day) (Year)	
5s. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from	
(or) WIFE of	19to	
6. DATE OF BIRTH (month, day, end year) Colorel 30 -1935	I last saw h alive on 19; deeth is seld	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS then	to have occurred on the dete stated above, etm,	
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trade, profession, or particular	were es follows: P Date of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	of valmatile vacing	
Industry or business in which	All I wanted few house	
CAW SALL DAME of	The 1D o alle And	
U 10. Date deceased lest worked at this occupation (month and spent in this	manise	
yeer) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Clearly (Stete or country)		
E 13. NAME Jaseph Gray		
13. NAME Jack Gray 14. BIRTHPLACE (city or town) Ellevello Ond	Neme of operation Date of	
L (Stete or country)	Whet test confirmed diagnosis? Was there an eutopsy?	
15. MAIDEN NAME / Lelan Proble	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME / Julan Worth 16. BIRTHPLACE (city or town) Bucklining of the country)	Accident, suicide, or homicide?	
17. INFORMANT Sama Gray a. (Address) ED. Ita		
18. BURIAL, CREMATION, OR REMOVAL		
Place Ellista Date May 1 180	Manner of injury	
67. 1	Nature of injury	
19 UNDERTAKER Tamely 000	24. Wes disease or injury in any way releted to occupation of deceased?	
(Address) / Elliotts	If so, specify ED and I Day I deval they	
20. FILED May / 1935 Eligabeth M. Graft	(Signed) Regulated A Conferment M. D. (Address) Desserver 189	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

	County	Dorch	ester			Registration Dist. No. 114	
	Village or C	ity	Cambrid	lge		No Eastern Shore State Hospi tell St., f death occurred in a hospital or iostituting, give its NAME instead of street at s. 23 ds. How long in U.S. If of foraign birth? yrs.	Ward
	Length of rasi	denca in city	or town whera	daath occurred	15 yrs 2 mos		mosds
1 :	. FULL NA	ME	Ce	therine I	Harper		
	(a) Residen	ce: No. Do	orcheste	r County	Almshouse	Deschestewardounty, Md.	
-	PERSON	AL ANI	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	Ind State
3.	sex Female	4. COLOR	OR RACE	5. SINGLE, MAN OR DIVORCE Sing	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 11.	. , 193 5
5a.	If marriad, widow HUSBAND of	ed, or divor	ad			(Month) (Day)	(Year)
	(or) WIFE of					22. I HEREBY CERTIFY. That I attand April 3, 1930 to April 11,	1935
-	DATE OF BIRTH		and year,	nknown	1854	I last saw h. er alive on April 11, 19.3	5_; death is said
	MGE Year	rs	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5:50A em. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	8. Trada profes	sion, or par	ticular	wn Unknov	Yn ormin.	were as follows:	Date of onset
PATION	9. Industry or	businass in	s SPINNER, ER, etc	Unknov	m	Cerebral arteriosclerosis	l6 yrs
OCCUPAT	SAW MIL	done, as SI L, BANK, et		Unknown	ima (years)		ago
Ö	this occupyaar)	pation (mon	h and NO WII	Spe	nt in this upation Unkno	m	
12.	BIRTHPLACE (cit (Stata or cour		Unkn	own Marvla	nd	Other Contributory Causes of importance:	
ER	13. NAME	Ge	orge W.				
FATHER	14. BIRTHPLACE (State or	(city or tow			own	Name of operation	
TER	15. MAIDEN NA	ме Ма	ry E. H	arper		What test confirmed diagnosis? E. K. A.M	
MOTHER	16. BIRTHPLACE			Unkn	own	Accidant, suicida, or homicide? Data of Injury	-
	(State or			mown Records		Where did injury occur? (Specify city or town, county and S Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	tate) PLACE.
19	(Addrass) BURIAL, CREMAT	Cambr	idge, Ma				
10.	Placa Cas	4 24	- mel	Date of	11 ,1935	Mannar of injury	
19.	UNDERTAKER	Ind	sh &	aft		24. Was disaase or injury in any way related to occupation of deceased? If so, spacify	No
	suco 4-	. 1	5110	1. Dais	0	(Signad) Than Les Sall An	0

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ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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1. PLACE OF

County_

	the state of the s
STATE OF MARYLAND	CERTIFICATE OF DEATH 0\$120
Suchester	Registration Dist. No. 16
Csyntudge	NoSt., War
	If death occurred in a hospital or institution, give its NAME instead of street and number)
e in city or town whare daath occurred yrs mo	sds. How long In U.S. If of foreign birth?yrsmosd
No. 443 Osh	St Ward.
(Usual place of abode)	if nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
, 41701664	

Village or City Langth of residence 2. FULL NAME (a) Residence: PERSONAL 3. SEX 5a. If marriad, widowed, o HUSBAND of 22. CERTIFY. That Leattended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at ... 1 day-hrs DEATH and related causes of importance or min. Date of onset 8. Trade, profassion, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc., Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceesed last worked et 11. Total tima (years) this occupation (month and spant in this occupation _____ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Neme of operation (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Neture of Injury. 24. Was diseasa or injury in any way related to occupation of daceased? 19. UNDERTAKER (Addrass) If so, specify (Signed) Registrar.

V. S. No.

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14	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

STATE O	F MARY	LAND-	CERTIFICATE OF DEATH 08121
1. PLACE OF DEATH			(31)
County Dorchester			Registration Dist. No. 110
Village or City Near Reli	lance		No. St., Ward
Langth of residenca in city or town where do	eath occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Emily			
(a) Residence: No. Seaf	Ord, De	1. R.F.I	St., Ward.
PERSONAL AND STATISTIC			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH
Female. Colored.	OR DIVORCED	(write tha word)	April 19th. , 1935
a. if marriad, widowed, or divorced			(Month) (Day) (Year)
HUSBAND of (or) WIFE of Stephe	n Johns	on. Dec'	22. I HEREBY CERTIFY, That I attended deceased from
	out I85		i last saw h alive on plust elau 19 ; death is said
5. DATE OF BIRTH (month, day, and year)	Days	If LESS than	to have occurred on the date stated above, at 4-Pe, m
About 85	Vajs	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	<u> </u>	ormin,	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	House-w	ork.	Cardio Vascular Reval
9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc			Busease
SAW MILL, BANK, etc	11 Total tin	ne (vesre)	
this occupation (month and 1925	11. Total tin	In this L.1 f.e	
C	ex Co.		Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)		el.	
a 13. NAME Aaron	Quailes.		
14. BIRTHPLACE (city or town)	Dorche	ster Co	Name of operation Nove Dete of
(State or country)	N.	id.	What test confirmed diagnosis? Was there an autopsy? M.f
15. MAIDEN NAME U1	nknown,		23. if death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	11		Accident, suicide, or homicide?
(State or country)	11		Where did injury occur?
17. INFORMANT <u>Eugene</u> Jol (Addrass) <u>Bridgevi</u>		PFh	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	, , , , ,		Mannar of injury
Place Cokesbury, Md.	Date Apr	22",1935.	Nature of injury
19. UNDERTAKER J.T. Frampto (Addrass) Federals	om & Son	A	24. Was disaase or injury in any way related to occupation of dacaasad?
20. FILED Quil 21, 1934 - (7)	Es 012	Registrar.	(Signed) (Signed) Harring Mayor M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

BINDIN

FOR

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V.S.N

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03124
County Doubister WITHER CORPO	Registration Dist. No.
Village or City Combulac	No. St., Ward
11 2	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Lina Deen	
(a) Residence: No. 140 Moshington	St., Ward.
(Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
finale Colored OR DIVORCED (write the word)	(Month) (Dey) (Yeer)
Je. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Keen	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, end year) Ostober 29 1905	I last/saw h Lu elive on Cally il 1935; deeth is sei
7. AGE Years Months Deys If LESS than 1 dey,hrs. ormin.	to heve occurred on the date steted ebove, at 9 . 4 . m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Septie Son Shrost 4-14-3
9. Industry or business in which work wes done, es SILK MILL, SAW MILL BANK etc	Ashmehogulumone 9-18-3
10. Date deceesed last worked at this occupation (month end, 9 3 4 spant in this year)	
12. BIRTHPLACE (city or town) Soller Hill (State or country)	Other Contributory Causes of Importance:
13. NAME Charles Melkens 14. BIRTHPLACE (city or town) Solden Will (State or country)	Name of operation Dete of Whet test confirmed diagnosis? Clinical West here an eutopsy?
15. MAIDEN NAME Chester 16. BIRTHPLACE (city or town) Solder Hill (Stete or country)	23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT agnes infer (Address) 140 Washington St	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pleco Stell Date 4-24, 1933	Manner of injury
19. UNDERTAKER Lewis Baynesis (Addiess) Cambridge, rud	24. Was disease or Injury in any wey related to occupetion of deceased?
20. FILED 4 24, 1935 9 Com 2 Resistar.	(Signed) Caroll MOTChe M. [(Address) Com TChe Sh

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Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA pluods Registration Dist. No. / / 2 (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? ______yrs. _____mos._____ds. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced 0 HUSBAND of I HEREBY CERTIFY, That Jaltended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate proper 7. AGE Years Months if LESS than to have occurred on the date stated above, at Ax 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular MARGIN RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ may back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation_ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town)_____ Name of operation. (State or country) carefully What test confirmed diagnosis?.. MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of injury______ 19 (State or country) Where did injury occur?___ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION, QR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) if so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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- 11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
3-1		9000
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

1	item of	plnous	of OCC	
0	ECORD. Every	PHYSICIANS	xact statement	
INDING	REMANENT R	EXACTLY.	classified. E	
FOR B	IS A PE	stated F	properly	7-7:
MARGIN RESERVED FOR BINDING	VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	27-10-11-11-11-11-11-11-11-11-11-11-11-11-
	VRITE PLAINLY, W	ation should be carefu	AUSE OF DEATH in	

		OF MARY	YLAND-	CERTIFICATE OF DEATH	¥ 2126	
	OF DEATH Dorchester			82.0	dion	
County				Registration Dist. No. 16		
	r City Cambridge residence in city or town where	death occurred	(1)	No. Restern Shore State HospitaBt, f death occurred in a horpital or justifution, give its NAME instead of street and 14 ds. How long in U.S. if of foreign birth? yrs.	number)	
2. FULL N	IAME William dence: No. Queen An	Leaverton ine, Talbo	t County, M	d • St., Ward. If nonresident give city or town an	d State	
PERSO	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH April 1, (Month) (Day)	, 198 5 (Yeer)	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of			1012	22. I HEREBY CERTIFY, Thet I ettended decessed for July 18, 1934, 19, to April 1, 193		
		Inknown	1862	I last sew h	; deeth is seld	
7. AGE About	Yeers Months	Deys	If LESS than 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:	Date of onset	
OL SAWY	ofession, or perticular of work done, as SPINNER, rER, BDOKKEEPER, etc or business in which wes done, as SILK MILL, MILL, BANK, etc	None None	**************	- Cerebral hemorrhage instantaneous		
10. Dete ded	MILL, BANK, etceesed lest worked at ccupetion (month and	spen	me (yeers) nt In this			
12 RIRTHPLACE	(city or town) Hill	sboro		Other Coutributory Causes of Importance:		
(Stete or		Md.		Cerebral arteriosclerosis	5 yrs.	
H 14. BIRTHPL	ACE (city or town) Hills			Neme of operation		
				Whet test confirmed diagnosis? Wes there er 23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following		
16. BIRTHPL	ACE (city or town)	TT: 11 -b.	oro	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19	
	E.S.S.Hospital Cambridge, Md			(Specify city or town, county and SI Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ale) LACE,	
18. BURIAL, GREE	Kelleboro	Date Apre	13,1930	Manner of injury		
19. UNDERTAKER (Address) 20. FILED		3 ine	med.	24. Was disease or injury in any way releted to occupe from of deceased? If so, specify (Signed) (Address) Cambridge, Md.	VO M. D	

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Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	4.0
County Garchester	Registration Dist. No. // O
Village or City Hunlack Md	NoSt,Ward
14	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mollie Parvis	
(a) Residence: No. Hurlock Marylan	LSt., Ward.
(Usual place of abore)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank & Parvin	22. I WEREBY CERTIFY, That fattended doceased from
6. DATE OF BIRTH (month, day, and year) Quag, 9th - 1859	I last saw h alive on, 19; deeth is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the dete stated above, et. 12-20p
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Concer of Stomach Oate of onset
WUIK WAS UUIIE, AS SIEN WILL.	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) — Feb. 235 — occupation occupation	
12. BIRTHPLACE (city or town) Lawel B. F. D (State or country)	Other Coutributory Causes of importance:
II 13. NAME Char J. Williams	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country) Lelware	What test confirmed diegnosis?
15. MAIDEN NAME Mariah Waley 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Raisy U Harpen	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAŢION, OR REMOVAL	Manner of injury
Place Washington Oate War, 14, 1935	Nature of injury
19. UNDERTAKER To Frampton & Lon (Address) Federal sling Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO H / 4 , 1988 - Chas le Hastings Registrar.	(Signed) A. D. (Address) Author (Address) (Address)
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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RESERVED

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

SIAIL OF N	IARYLAND—		02153
County Dorchestin	12.4.0	Registration Dist. Np.	116
Village or City Carry Village or City Carry Carr		ND. 124 Cinc. death occurred in a horpital or institution, give its NAME instead of str	
2. FULL NAME Suffant	Pingold	s£_p_ds. How long in U.S. If of foreign blrth?yrs	mosos
(a) Residence: Np. 1244 C	ual place of abode)	St., Ward. If nonresident give city or to	own and State
PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF DEA	ATH
	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193.5.T(Year)
5a. If parried, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, Thet I e	
6. DATE OF BIRTH (month, day, and year) Capil	25.1431-	I last saw h alive on 19 , to	, 19 19; death Is said
7. AGE Years Months /	lays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4:30 m. The PRINCIPAL CAUSE OF DEATH and related causes of Important were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		Chemetur Stillborn	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked et			
O 1D. Date deceased last worked et this occupation (month and year)	l. Total time (years) spent in this occupation	Other Contributary Causes of importence:	
12. BIRTHPLACE (city or town) (State or country)	<i>Y</i>	Color Continually Casto of Importance.	
13. NAME In June			
13. NAME 14. BIRTHPLACE (city or town) (State or country)	ville S.		ate of
15. MAIDEN NAME	See	23. If death wes due to external causes (VIOLENCE) fill in elso the f	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	**	Accident, suicide, or homicide? Date of injury. Where did injury occur?	
17. INFORMANT CADE CADE CADE CADE CADE CADE CADE CADE	old Count. Word	(Specify city or town, county Specify whether Injury occurred in INDUSTRY, In HOME, or In PUE	and State) BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date.	4-27,1935	Manner of Injury	
19. UNDERTAKER Lewis Bar (Address) Cambridge	July Sud	24. Was disease or injury in eny wey related to occupation of decear	sed?
20. FILED 4- 27, 1935 John	n Mouse Registrar.	(Signed) Charle M: Oto	Cant my
Ulf more blanks are	needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

14

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		CANAL AND A CANAL SAME OF THE	

RECORD. Every item of infor- PHYSICIANS should state Exact statement of OCCUPA.	County Dorchetser WITHIN OOSE VIllage or City Cambridge	NoCambridge Md Hospital St., Ward NoCambridge Md Hospital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) St., I Ward.
PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
A	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Ath. 1935
BINDING PERMANENT EXACTLY ly classified.	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of John Shipman	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from January 19, 1935, to January 471, 1935
BIN PERM EX Iy cly	6. DATE OF BIRTH (month, day, end year) 3/8/1866	I last saw h.C.H. allva on A.M. 3, 1935; death is said
FOR B IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 31.7 A.m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
UNFADING INK—THIS upplied. AGE should be terms, so that it may be instructions on back of or	8. Trade, profassion, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Washington County (Stata or country) Mich.	Diabetes mellitus Candia vascular menal Para disland D
MA ITH U Ily supplain to	14. BIRTHPLACE (city or town) Washington County (Stata or country) Mich.	Neme of operation Roul Data of What test confirmed diagnosis? Clinical Was there an autopsy? It
PLAIMLY, WI hould be carefu OF DEATH in yery important.	15. MAIDEN NAME Not Known 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Claud I. Truax. (Address) Cambridge, Maryland.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
RITE I mation sho CAUSE OI	18. BURIAL, CREMATION, OR REMOVAL Place Caro Mich Date 4/7/35., 19	Manner of injury
V. S. W.	19. UNDERTAKER Granville S. LeCompte. (Address) Cambridge, Maryland. 20. FILED # 5 . 1935 (Kakt +) Mauhttur. Registrar.	24. Was disease or injury in any way related to occupation of dacaased? If so, spacify (Signed) (Addrass) (Addrass)
0		1411 N. Charles Street, Baltimore, Requesting V. S. So. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(gra)
County A thester	Registration Dist. No. 116
Village or City Combredge	Neastern Share that task. Ward
Length of residence in <u>city</u> or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) 4
2. FULL NAME trank Sterrens	
(a) Residence: No. No. / Hall	St., Ward.
(Usual place of bode)	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OPODIVORCED (write the word)	21. DATE OF DEATH 7 (Ronth) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. INHEREBY CERTIFY. That I pettended deceased from
	march 19, 1935, to afril 7, 1935
THE AMARIA TO	Plast saw h alive on Uff 19.35; death is said
	to have occurred on the dete stated bove, at Louis Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importence
9 6 1 0 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	P. LOD D.
Industry or business in which	Sixtural memorahage ste
year) Cocupation (Cocupation)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Kerebrafarter Boller Bus Lye
13. NAME gleslen terens)	
14. BIRTHPLACE (city or town) Pack Hall	Name of operation Dete of
(State of County)	What test confirmed diagnosis? 246 Wes there an autopsy? 2
15. MAIDEN NAME Smely ashley	23. If death was due to external causes (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN (Address) Carlos (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Discours (M. O. P. Date 1935	Neture of injury
19. UNDERTAKER WAS A ROOM WILL AND THE CONTROL OF T	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 4/ F/ , 1935 Jolean Survey	(Signed) Allogue M. D
If more blanks are needed, address State Registrar.	(Address)
	1. PLACE OR DEATH County Village or City Village or City Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARRIED, WIDOWED, ORDIVORCED ("write the word) 5a. If merried, widowed, or divorced (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than Iday, hrs. or. min. 2. Trade, profession, or particular kind of worth done, as SPINNER, SAWYER, BOOKKEPER, etc. 7. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAND (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 19. UNDERTAKER (Address)

MARGIN RESERVED FOR BINDING

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	IER STATEMENTS BY PHYSICIAN
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ration should be carefully supplied.

LITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

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0	83	9	69	1)
U	th	J	3	~
	1			

1. PLACE OF DEATH County Dorchester		WITHIN OUR -	RATE LIMITS OF (52)	
Village or City Cam	bridge			Registration Dist. No
2. FULL NAME A1				
(a) Residence: No. 2I				St., 5 Ward. If nonresident give city or town and State
PERSONAL AND	STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR 6	or RACE		RIED, WIDOWED, (write the word) ed.	21. DATE OF DEATH April (Month) Toth, 193 5 (Year)
5a. If married, widowed, or divorce HUSBAND of Late D (or) WIFE of	aisy E	. Shann	ahan.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, a	nd year) 6/	II/I865		l last saw h _ alive on _ 4 (10, 193/ ; death is said
7. AGE Years	Months	Days I3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at TO . IS m. P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. IO. Date deceased last worked at this occupation (month and 1962. 11. Total time (years) spent in this occupation 50			me (years)	Of nech: privary in the skin of the orecke cruso and sight months crusos. Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Wico	mico Co	Md	- Advanced case; as large as a grape fruit.
13. NAME Richar	d Thom	pson.		
H 13. NAME Richar 14. BIRTHPLACE (city or town (State or country)	Wico	mico Co	Md.	Name of operation Date of What test confirmed diagnosis? Mand Was there an autopsy?
置 15. MAIDEN NAME N	ot Know	wn		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Not Known 16. BIRTHPLACE (city or town) (State or country) X				Accident, suicide, or homicide?
17. INFORMANT Mr John N. Bradley. (Address) Cambridge M d.				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md. Date 4/20/1935.			0/1935.	Manner of injury
19. UNDERTAKER Granville S. LeCompte. (Address) Cambridge, Md.			pte.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
20. FILED 4 - 19-	2/3	rue !	Registrar.	(Address) Cambridge M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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BINDING

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH County Anchister WITHIN CORPOR	Registration Dist. No.
Village or City Cambudge	No. St. Wa
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Zeenie Zuns	
(a) Residence: No. 4 6 Oak Lank	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Lemole Colored widewed	(Month) (Day) (Year)
If merried, widowed, or divorced HUSBAND of (or) WIFE of	2 I HEREBY CERTIFY, That i attended deceased fr
(or) were or	January 6, 1935 to april 4 193
DATE OF BIRTH (month, day, and year) Upuil 9 1876	Wast saw h Le aliva on april \$,19.35; death is s
AGE Years Months Deys It LESS than	to have occurred on the date stated above, at 1:10
5-8 11 25- 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance vare as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	Mitral Insuspension 193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sindustry or business in which	My oca della ! houte, Depation my months.
work wes done, as SILK MILL, SAW MILL, BANK, etc	Chronic, Duration twelve !!
10. Date deceased last worked at 11. Total time (vaars)	Memic come months 4.1.
this occupation (month) and 1915 spent in this occupation 40	Cuep
BIRTHPLACE (city or town)	Other Contributory Couses of importance:
(Stata or country)	
13. NAME horah Linder	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Clinical Was there an autopsy?
15. MAIDEN NAME Than yout (P)	23. if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Oursey Md	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
(Address) & Bethe of Chart. And	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Piace Bellel Cemeler Date Hand 7, 1995	Nature of injury
UNDERTAKER The Cais (Address) 308 Mills St Cambridge MA	24. Was disease or injury in any way related to occupation of daceased?
	(Signed) Carroll Motelon M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-0
County Doubration WITHIN 265.08	Registration Dist. No.
Village or City Cambridge Ind	No. St Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?
2. FULL NAME alice and Wi	ds. How long in 0, 5, ii of foreign pirtn?yrsmosds.
	116.4
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (rayrie the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5e. If married, widowed, or divorcad HUSBAND of	(1001)
(or) WIFE of	22. I HEREBY CERTIFY, That i ettended daceased from 27. 1935—to Charil 27. 1935—
6. DATE OF BIRTH (month, day, and year) A 27 1934	I last saw h
7. AGE Yeers Months Deys if LESS than	to have occurred on the date steted above, at \$1500 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca ware es follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Data of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10: Dete dacassed last worked at	Atites media belat . 4 22-35
10. Dete dacaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Communication	Other Contributery Causes of importance:
(State or country)	-
14. BIRTHPLACE (city or town) Combany Med	Nama of operation Machantes of Rl. Landrand of 4-22-35
(Stete or country)	What test confirmed diagnosis? Clelicil Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) filf in elso tha following: Accident, suicide, or homicide? Date of injury
X (State or country)	Where did injury occur?
17. INFORMANT AN ROLLA MANAGEMENT (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Plece Campag not Date Copile 6 , 1935	Nature of injury.
19. UNDERTAKER Frank & alfrench (Address)	24. Wes disease or injury in any way related to occupation of deceased? - Co
20. FILED 4-27 , 1935 Jolly 2002	(Signed) Confee Macon M.D.

OIf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	-CERTIFICATE OF DEATH 0.136
1. PLACE OF DEATH	210-m
County Dorellester WITHIN CERTE	Registration Dist. No. 16
Village or City Casuleradge	No. Other Workerland - St., Ward
	(If death occurred in a hospital of institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Courtouthelley	
(a) Residence: No. Pastler X. 71	St., (2 y→e) Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	
male White OR DIVORCED (write the word	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Thagdeleve Pardoe Welley	22. I HEREBY CERTIFY, That I attended deceased from Ophil 29 1935 to Ophil 29 1935
6. DATE OF BIRTH (month, day and year) Zel 3-1912	Hast saw h Low alive on april 29:1935 daath is said
6. DATE OF BIRTH (month, day, and yaar) # 20 3- 17 20 7. AGE Yaars Months Oays If LESS tha	
0 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade ninfaccion or particular	were as follows:
kind of work done, as SPINNER, Jumber Cuttures	Fracture Base o skeell 4/29/25
O Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Date daceased last worked at this occupation (month and yaar) occupation	
12 RIRTHPLACE (city or town) A or electer 60	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Described (State or country)	multiple Locaration Honkman 4/10/
13. NAME June Welley	Shock
De la la la	Name of operation Dale of
(State or country)	What tast confirmed diagnosis? Clerace & Was there an autopsy? Was
15. MAIOEN NAME Callergie & Moore	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
E Pakarilla	Accident, suicide, or homicide? Assessant. Date of injury 44/29, 1935
16. BIRTHPLACE (city or town) the resulter for the	Where did injury occur? Church Create Dorchester Co med
Mr. Adelico This offers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Manufacture Wedley (Address) Pantage Wedley	Public Hegherers
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury auto accedent
Placa Corolone alla Oate //all 2 10	35 Natura of injury See Cauce of Seath:
10 HNOEPTAKED Jolan 69. The Ditalences	24. Was diseasa or injury in any way ralatad to occupation of dacaasad?
19. UNOERTAKER AND	If so, spacify
11/21 35 Chen mon	(Signed) as mercies M. D.
20. FILED 4	(Addrass) / 26 Race St Cambridge Tus

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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BUREAU V. S.	2		4112	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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MARGIN RESERVED.

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1	ADDITIONA	L SPACE FOR	FURTHER	STATEMENTS :	BY PHYSICIAN
or	authoris	Teon of a	late of	birth see	letter
iled	under	Frazien	- 6-7-	35	



